

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County Jackson  
Township Ray  
City Kennett City (No. Baltimore Hotel)

Registration District No. 399  
Primary Registration District No. 1002

File No. 5029  
Registered No. 12312  
St. 1 Ward

**2. FULL NAME**

(a) Residence. No. Shirley (Foy) Fitzgerald St. 1 Ward. Manhasset New York  
(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Marie Theresa Foy

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 9-1887

7. AGE YEARS MONTHS DAY If LESS than 1 day, hrs. or min. 70 11 7

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Theatrical  
(b) General nature of industry, business, or establishment in which employed (or employer) Actor  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) New York  
(STATE OR COUNTRY) New York

10. NAME OF FATHER Richard Fitzgerald

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dublin  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Helen Kennedy

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dublin  
(STATE OR COUNTRY)

14. INFORMANT Mrs. M. T. Foy  
(Address) New Rochelle New York

15. FILED 716, 1928 M. M. Crowne  
REGISTRAR Asst

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 16 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb-16-1928 to Feb-16-1928 that I last saw h.l.a. alive on Feb-16-1928, and that death occurred, on the date stated above, at 9:00 A. m.

18. THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Angina pectoris  
according to history  
occasional attacks since November 1927

CONTRIBUTORY (SECONDARY) (Valvular heart disease)  
unknown (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 900  
IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS? Substernal pain sudden onset  
(Signed) Herbert Tutthill, M. D.  
Feb-16-1928 (Address) 1125 Rialto Bldg

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New Rochelle New York DATE OF BURIAL 2-19 1928

20. UNDERTAKER John J. Sheehan ADDRESS K. E. M.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

